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Approved for use through 10/31/2002. OMB 0651-0032
 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
TOTAL CLAIMS (37 CFR 1.16(c) or (f))		10 -20* =	0	x \$ 0 =	\$ 0
INDEPENDENT CLAIMS (37 CFR 1.16(b) or (f))		2 -3** =	0	x \$ 0 =	0
MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))				+ \$ _____ =	
				BASIC FEE (37 CFR 1.16)	\$355.00
				Total of above Calculations =	
Reduction by 50% for filing by small entity (Note 37 CFR 1.27).					
				TOTAL =	

6. Small entity status: Applicant claims small entity status. See 37 CFR 1.27.
7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. _____:
- a. Fees required under 37 CFR 1.16.
- b. Fees required under 37 CFR 1.17.
- c. Fees required under 37 CFR 1.18.
8. A check in the amount of \$ 355.00 is enclosed.
9. Payment by credit card. Form PTO-2038 is attached.
10. Applicant requests suspension of action under 37 CFR 1.103(b) for a period of _____ months (not to exceed 3 months) and the fee under 37 CFR 1.17(i) is enclosed.
11. New Attorney Docket Number, if desired _____
[Prior application Attorney Docket Number will carryover to this CPA unless a new Attorney Docket Number has been provided herein.]
12. a. Receipt For Facsimile Transmitted CPA (PTO/SB/29A)
- b. Return Receipt Postcard (Should be specifically itemized, See MPEP 503)
13. Other: _____

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NOTE: The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below.

14. NEW CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label or New correspondence address below

(Insert Customer No. or Attach bar code label here)

Name			
Address			
City	State	Zip Code	
Country	Telephone	Fax	

15. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print IType)	Albert B. Kimball, Jr.
Signature	<i>Albert B. Kimball, Jr.</i>
Registration No. (Attorney/Agent)	25,689
Date	November 21, 2001